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| APPLICATION NUMBER | FILING/RECEIPT DATE | | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE | | |
|----------------------------------|---------------------|-------|-----------------------|---------------------------|-----------------------|--|
| 09/268,194 0 | 3/15/99 | AMADA | | Н | 58803-CCD | |
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| CHRISTOPHER C. | | | | NUT A | ISSIGNED - | |
| 1185 AVE. OF T NEW YORK, NY 1 | HE AMERI(| AS, | | 1745 | | |

DATE MAILED:

04/08/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in r ply to this NOTICE to avoid abandonment.

| □ sm | all entity (stateme. The statutory basic ☐ missing. ☐ insufficient. | <i>nt filed) ⊠non-sm</i> c filing fee is: | within the period set above, the total amount owed by applicant as a all entity is \$ | | | |
|---|--|---|---|--|--|--|
| □ 2. | claiming such state The following addi | <i>us (37 CFR 1.27).</i> tional claims fees ar | re due: | | | |
| | \$ | for | total claims over 20. | | | |
| | \$ | for | independent claims over 3. | | | |
| \$for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel additional claims for which fees are due. | | | | | | |
| 2 3. | The oath or decla | | • | | | |
| □ does not cover the newly submitted items. An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required. □ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required. □ 5. The signature of the following joint inventor(s) is missing from the oath or declaration: | | | | | | |
| | An oath or declara | ation in compliance v | with 37 CFR 1.63 listing the names of all inventors and signed by the omitted by the above Application Number and Filing Date, is required. | | | |
| ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)). | | | | | | |
| 7. Your filing receipt was mailed in error because your check was returned without payment. 8. The application was filed in a language other than English. | | | | | | |
| 9. OTHER: | | | | | | |
| Direct the reply and any questions about this notice to "Attention: Box Missing Parts." | | | | | | |
| A copy of this notice <u>MUST</u> be returned with the reply. | | | | | | |

U.S. GPO: 1998-446-824

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